

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/10/19613

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	2					
5	2					
6	80					
7	1					
8	1					
9	10					
10	10					
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50						
TOTAL IND.			2			
TOTAL DEP.			7			
TOTAL CLAIMS			9			

51	IND.	DEP.	IND.	DEP.	IND.	DEP.
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